Blue Cross and Blue Shield of New Mexico

IVR Helpful Hints and Tips

IVR – Interactive **V**oice **R**esponse is a voice-activated automated system simplifying the way you receive eligibility, benefits, or claim status information.

This system provides a user-friendly, timely, and efficient caller experience by responding to voice commands rather than touch-tone input. ****Many prompts still accommodate touch-tone entry.**

System Availability

Monday through Friday 5:00 a.m. to 10:30 p.m. MST
Saturday, 5:00 a.m. to 2:00 p.m. MST

Helpful Hints

- Speak clearly
- Minimize background noise in your area
- Avoid using speaker or cellular phone
- Interrupt – it's OK!
- Be prepared to document responses and confirmation number
- Feel free to complete multiple self-service requests for various products and groups during one call

Tips

- Speak numbers in single-digit format
    - For example, if your provider number is 61 – this should be spoken as "six one" versus "sixty-one"
- Omit preceding zeros
- Speak using correct numerical grammar
    - For example, if your provider number is 206, you should say "two zero six" versus two oh six"

Information for each type of inquiry

To receive information for *eligibility:*

You should answer these questions…..	To receive the following information……
What's the subscriber's ID? What's the patient's date of birth?	√ Current effective date √ Group number √ Alpha prefix √ If pre-existing applies for this date √ Patient's first and last name √ Type of coverage (i.e., PPO, HMO, etc) √ PCP name or PCP not on file, *if applicable* √ Inquiry confirmation number

To receive information for *benefits:*

You should answer these questions….	To receive the following information…..
What type of service?	√ Benefit information specific to your provider number √ If provision is/is not covered √ If pre-notification is/is not required √ If policy is contract/calendar year √ Percentage (%) of services payable, up to a specified dollar amount √ If visit max applies √ OPX limit per contract/calendar year √ Lifetime maximum √ Inquiry confirmation number

To receive information for *claims:*

You should answer these questions….	To receive the following information….
What's the subscriber's ID? What's the date of birth? What's the date of service?	√ Total charges billed √ Amount paid √ Payee and check number √ Process date – paid date √ Patient share amount applied to deductible and coinsurance √ *If adjusted,* date and payment amount √ *If not paid,* denial reason description
	If claim is in-process: √ Claim receipt date and claim number

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